



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION III

#### 841 Chestnut Building Philadelphia, Pennsylvania 19107

MAR 10 1989

In Reply Refer to: 3HW33

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Josephine Histano, Chemist Solid State Scientific, Incorporated Montgomeryville Industrial Center Montgomeryville, Pennsylvania 18936

Re: PAD002278331

Dear Ms. Histano:

Sections 3004(u) and 3008(h) of the Hazardous and Solid Waste Amendments of 1984 (RCRA Reauthorization) give EPA the authority to require corrective action for all releases of hazardous wastes or constituents from any solid waste management unit ("SWMU") as defined on the enclosed sheet. This requirement applies to operating units, inactive units, and those that have been closed.

EPA must first determine the location of all SWMUs at a facility. Next, we must determine whether or not any "releases" (see definitions) originated at these units. Our records indicate that you either did not receive or did not respond to a previous request by EPA to submit the information described below. In order to enable us to make these determinations, you must provide the following information.

A topographic map showing the facility and a distance of 1,000 feet around it, at a scale of
one-inch equal to not more than 200 feet. In addition to showing the location of any
hazardous waste management facilities for which you are seeking a permit, it must locate all
existing and former SWMUs at your facility.

- Salaya Salaya
- 2. For each SWMU, provide a description of the unit's functions, material of construction, dimensions, capacity, ancillary systems (piping), etc. If available, provide engineering drawings of the units and their foundations. For closed facilities, also provide a copy of the closure plans, a description of how closure was performed, and any relevant post-closure information you have available.
- 3. For each SWMU, provide a description of all solid wastes including hazardous wastes and hazardous waste constituents received by the units. Also, provide information on quantities of hazardous wastes and hazardous waste constituents received by each SWMU and the dates during which these units operated.
- 4. For each solid waste, SWMU, describe any releases (or possible releases) originating at the unit. This should include information on the date of release, type of solid waste, hazardous waste or hazardous waste constituents released, quantity released, nature of the release, extent of migration, and cause of release, for example, an overflow, broken pipe, tank leak, etc. Also, provide any available data which would quantify the nature and extent of environmental contamination including the results of soil, surface water and/or groundwater sampling and analysis efforts. Likewise, any monitoring information that indicates releases are not present should also be submitted.

Please be advised that Section 3004(u) applies to those treatment/storage/disposal facilities required to obtain RCRA permits. If you are not required to obtain a RCRA permit, please indicate that fact in your response.

Additionally, Section 3008(h) applies to all facilities that operated under interim status. In some cases, this provision will not apply to a facility because it <u>never</u> actually operated under interim status; for example, a storage facility that filed for interim status, but <u>never</u> stored for more than 90 days. If you determine that this provision does not apply to your facility, you must list specific reasons that support the fact that you never operated under interim status.

If some or all of the above-requested information has been previously submitted to this office, please reference this information in your reply.

We request under Section 3007 of the Act, 42 U.S.C. Section 6927, that you submit two copies of the above requested information within fourteen (14) days of your receipt of this letter to both EPA and the Pennsylvania Department of Environmental Resources (PA DER).

All information you submit should be certified as required by regulation 40 CFR 270.11(d). Should you have any questions concerning this letter, please contact William L. Walsh at (215) 597-1192.

Sincerely,

Robert L. Allen, Chief

Waste Management Branch

**Enclosure** 

#### **Definitions**

#### Release -

. . . any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, but excluding releases otherwise permitted or authorized under law.

### Solid Waste Management Unit -

... any landfill, surface impoundment, waste pile, land treatment unit, incinerator, tank (including storage, treatment, and accumulation tanks), container storage units, injection wells, wastewater treatment units, elementary neutralization units, transfer station, and recycling units that received solid or hazardous waste at any time.



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9903-106-16 Form Approved OMB No. 158-S79016 GSA No. 0246-EPA-OT

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|          | IV. INSTALLAT                               | ION CONTACT                         |                    |                     | 40                          | 41 42 47       | - 51                                    |  |  |
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|          |   | RANSPORTATIO                        |                    |                     |                             |                |   |  |  |
|          | A. AIR                                      | B. RAIL                             | √ E3 C. HIGHV      | 64                  | . WATER                     | E. OTHER       | R (specify):                            |  |  |
|          | Mark "X" in the app                         | SUBSEQUENT NO propriate box to indi | cate whether this  | is your installat   | ion's first notif           | ication of haz | zardous was                             | ste activity or a su   | bsequent notification.   |
|          | If this is not your fi                      | rst notification, ente              | r your Installatio | n's EPA I.D. Nu     | mber in the spa             | ce provided b  | elow.                                   | ,  |  |
|          | . d   |                                     |                    |                     |                             |                |   | C. INSTALLAT   | ION'S EPA I.D. NO.   |
|          | A. FIRST                                    | NOTIFICATION                        | B. SU              | BSEQUENT NO         | TIFICATION (                | complete iten  | n C)                                    | PANNIN   | 2278331  |

| IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)  |  |   |   |                        |                             |  |  |  |  |  |  |  |  |
|---|--|---|---|------------------------|-----------------------------|--|--|--|--|--|--|--|--|
| A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary. |  |   |   |                        |                             |  |  |  |  |  |  |  |  |
| 1   | 2  | 3   | 4   | 5                      | 6                           |  |  |  |  |  |  |  |  |
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|   |  |   | 23 - 26                                       |                        |                             |  |  |  |  |  |  |  |  |
| B. HAZARDOUS WASTES FRO specific industrial sources you   |  |   | it number from 40 CFR                         | Part 261,32 for each   | listed hazardous waste from |  |  |  |  |  |  |  |  |
| 13  | 14   | 15  | 16  | 17                     | 18                          |  |  |  |  |  |  |  |  |
|   |  |   |   |                        |                             |  |  |  |  |  |  |  |  |
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| 23 . 26   | 23 24  | 26  | 23 26   | 23 - 25                | 23 - 26                     |  |  |  |  |  |  |  |  |
| C. COMMERCIAL CHEMICAL F<br>stance your installation handle   |  |   |   |                        | 33 for each chemical sub-   |  |  |  |  |  |  |  |  |
| 31  | 32   | 33  | 34  | 35                     | 36                          |  |  |  |  |  |  |  |  |
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| D. LISTED INFECTIOUS WAST   | ES Enter the four digit of                           | - 26  | ED Part 261 24 for each                       | 133                    | a from bosnitals veterinary |  |  |  |  |  |  |  |  |
| hospitals, medical and research   | h laboratories your installat                        | ion handles. Use a                            | additional sheets if neces                    | ssary.                 |                             |  |  |  |  |  |  |  |  |
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| E. CHARACTERISTICS OF NOI hazardous wastes your installa  | N-LISTED HAZARDOUS ation handles. (See 40 CFR        | - 26  <br>WASTES, Mark '<br>Parts 261.21 — 26 | 'X" in the boxes corresp                      | ponding to the charact | eristics of non-listed      |  |  |  |  |  |  |  |  |
| XI. IGNITABLE   | ∑2. co:<br>(D002)                                    | RROSIVE                                       | X3. REACT                                     | IVE                    | X 4. TOXIC<br>(D000)        |  |  |  |  |  |  |  |  |
| X. CERTIFICATION  |  |   |   |                        | ' '                         |  |  |  |  |  |  |  |  |
| I certify under penalty of attached documents, and the submitted mitting false information, in  | hat based on my inquiry<br>d information is true, ac | y of those individual contracts, and con      | viduals immediately r<br>mplete. I am aware t | esponsible for obta    | iining the information,     |  |  |  |  |  |  |  |  |
| SIGNATURE   | - W11-3  | NAME & OFFIC                                  | CIAL TITLE (type or pr                        | int)                   | DATE SIGNED                 |  |  |  |  |  |  |  |  |
| The and the   | 1-3-   | PRE   | SIDENT  |                        | 8/15/80                     |  |  |  |  |  |  |  |  |



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required ander Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 00 227 8331

Solid State Scientific, Inc. Commerce Drive Montgomeryville, PA 18936

INSTALLATION ADDRESS

Commerce Drive Montgomeryville, PA 18936

EPA Form 8700-12B (4-80)

B. STATE

E. ZIP CODE

1 8 9 3 6

C. CITE ON TOWN

· saeryville

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| COMMENTS FOR OFFICIAL USE ONLY   |  |  |                                       |  |

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| MALLING ADDRESS  PLEASE PLACE LABEL IN THIS SPACE properties whether you are to the Company of the state of t | FACILITY   |  |  | the preprinted data is abse                                      | nt <i>(the</i> a              | rea to the  |
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| II. POLLUTANT CHARACTERISTICS  III. POLLUTANT CHARACTERISTICS  |  |  |  | items I, III, V, and VI /  | except V                      | /I-B which  |
| II. POLLUTANT CHARACTERISTICS  INSTRUCTIONS: Complete A through 1 to detarmine whether you need to submit any permit application forms to the EPA If you answer "yes" to saw question, you must submit in form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to sach question, you need not submit any of these forms, You may answer "no" if your activity is acculated from permit requirements; see Section C of the instructions. See size, Section See |  |  |  | items if no label has been                                       | provided                      | i. Refer to |
| II. POLLUTANT CHARACTERISTICS  INSTRUCTIONS: Complete A through 1 to detarmine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this from and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is exticated. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of health facility and the production for the intervients of the submit is a submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, you need not submit any of these forms. You may answer "no" for such question, and the particular of the such question of the submit any of these forms. You may answer "no" for such question and submit any of these forms. You may answer "no" for such question of the submit any of these forms. You and the particular of the such question of the submit any of these forms. You may answer "no" for such question and submit any of these forms. You may any of these forms and the submit any of these forms. You may any of these forms and the submit any of these forms and the submit any of these forms. You may any of these forms and the submit any of these forms and the submit any of these forms. You may any of these forms and the submit any  | LOCATION   |  |  | tions and for the legal as                                       |                               |             |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you snawer "yes" to any questions, you must submit this form and the suplemental form listed in the parenthesis following the question. Mark "X" in the todiumn if the supplemental form is retained. If you answer "no" it seek question, you must not the todiumn if the supplemental form is retained. If you answer "no" if your activity is socioded from permit requirements; see Section C of the instructions of definitions of bell—leased terms.  **RECIFIC QUESTIONS**  **A. Is this facility a publishy owned treatment works which results in a disphage to waters of the U.S.? If CRM 20.  **A. Is this facility which currently results in disphages to waters of the U.S.? If CRM 20.  **C. Is this a facility which currently results in disphages of the waters of the U.S.? If CRM 20.  **C. Is this a facility which currently results in disphages of the water of the U.S.? If CRM 20.  **C. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with convertical oil or natural gas provided in connection with convertical oil or natural gas provided in connection with convertical oil or natural gas provided in the part of the water of the U.S.? If CRM 40.  **I. S. This facility appropriate statistic facility any produced water or other fluids which are brought to the surface in connection with convertical oil or natural gas provided in the part of the water of the U.S.? If CRM 40.  **I. S. This facility appropriate statistic facility any produced water or other fluids which are brought to the surface in connection with convertical oil or natural gas provided in the part of the U.S.? If CRM 40.  **I. S. This facility appropriate statistic facility of the Practic order of the U.S.? If CRM 40.  **I. S. This facility appropriate facility of microscopies listed in the line of the U.S.? If CRM 40.  **I. S. This facility appropriate facility of the Practic | II POLITIANT CHAPACTERISTICS   |  |  | Which this data is collected.                                    |                               |             |
| questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the social mental form is estable the first the supplemental form is statebacked. If you answer "no" if your activity is excluded from parmit requirement; ase Section C of the instructions. See also, Section D of the instructions of definitions of beld-faced tarms.  ***PECIFIC QUESTIONS**  *********************************  |  | whether you need to                                | submit any permit application                                    | n forms to the EPA. If you ans                                   | wer "ves                      | " to anv    |
| SPECIFIC QUESTIONS  SPECIFIC QUESTIONS  SPECIFIC QUESTIONS  SPECIFIC QUESTIONS  SPECIFIC QUESTIONS  SPECIFIC QUESTIONS  MARK Y. Ves No No. Y. Comment  As it satisfy a publicity owned treatment works which results in a discharge to waters of the U.S.?  (FORM 2A)  Is this facility which currently results in discharges to waters of the U.S.?  (FORM 2A)  Is this facility which currently results in discharges to waters of the U.S.?  (FORM 2B)  Is this a proposed facility of which results in a discharge to waters of the U.S.?  (FORM 2C)  E. Does or will this facility treat, store, or dispose of hearerdous waters?  (FORM 2C)  E. Does or will this facility treat, store, or dispose of hearerdous waters?  (FORM 2C)  G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface oil nonnection with conventional oil or natural gas propoid oil or natural gas propoid oil or natural gas propoid stationary source which is one of the 2B industrial control of fossil fuel, or recovery of geothermal energy?  (FORM 4)  I. Is this facility a proposed stationary source which is one of the 2B industrial categories listed in the instructions and which will potentially smit 100 tons at this facility fuelds for storage of liquid hydrocarbons?  (FORM 4)  I. Is this facility a proposed stationary source which is one of the 2B industrial categories listed in the instructions and which will potentially smit 100 tons at this facility and the potentially smit 100 tons at this facility and the potentially smit 100 tons at this facility and the potentially smit 100 tons at this facility and the potentially smit 100 tons at this facility and the potentially smit 100 tons at this facility and the potentially smit 100 tons at this facility and the potentially smit 100 tons at the facility and the potentially smit 100 tons at the facility and the potentially smit 100 tons at the facility and the potentially smit 100 tons at the facility and the potentially smit 100 tons at the facility and the poten | questions, you must submit this form and the supplement  | ntal form listed in the                            | parenthesis following the qu                                     | estion. Mark "X" in the box in                                   | the third                     | column      |
| A Is this facility apulative owned treatment works which results in a discharge to waters of the U.S.?  (C. Is this a facility which currently results in discharge to waters of the U.S.?  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 2)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 4)  (C. Is this a facility which currently results in discharge to waters of the U.S.? (FORM 4)  (C. Do you or will this facility treat, store, or dispose of hazardous waters? (FORM 4)  (C. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface of water or other fluids which are brought to the surface of the U.S.? (FORM 4)  (C. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface of the U.S.? (FORM 4)  (C. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface of the U.S.? (FORM 4)  (C. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface of the U.S.? (FORM 4)  (C. Do you or will you inject at this facility any produced water or other fluids which are brought to the produced water or other fluids which are brought to the produced water or other fluids which are brought to the produced water or other fluids which are brought to the produced water or other fluids which are brough | if the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the  | " to each question, ye<br>e instructions. See alse | ou need not submit any of the<br>o, Section D of the instruction | se forms. You may answer "no<br>is for definitions of bold—faced | in it your<br>I <b>terms.</b> | activity    |
| A. Is this facility a publicity owned treatment works which results in a discharge to waters of the U.S.? (FORM 2D)  C. Is this a facility which currently results in discharges to waters of the U.S.? (FORM 2D)  C. Is this a facility which currently results in discharges to waters of the U.S.? (FORM 2D)  C. Is this a facility which currently results in discharges to waters of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to waters of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to waters of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharge to water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results in discharges to water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results which water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results which water of the U.S.? (FORM 2D)  E. Dose owill this facility which currently results which water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose owill this facility water of the U.S.? (FORM 2D)  E. Dose ow | SPECIFIC QUESTIONS   | FORM   | SPECIFIC   | QUESTIONS  |                               | FORM        |
| (FORM 2A)  C. Is this a facility which currently results in displayers of the U.S. (FORM 2B)  A or B sbows? (FORM 2C)  E. Does or will this facility any croduced of hazardous waster? (FORM 3B)  G. Do you or will you inject at this facility any croduced waster or other fluids which are brought to the surface in connection with conventional oil or natural gas production function and which will potentially emit 100 tons of the 2B industrial extegories listed in the instructions and which will potentially emit 100 tons of the 2B industrial extegories listed in the instructions and which will potentially emit 100 tons of the 2B industrial extegories listed in an attainment step? (FORM 5)  NAME OF FACILITY  A. NAME & TITLE (last, first, & title)  A. STREET OR P.O. BOX  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  M. On t t g o m e r y C o u n t y y  C. O m m e r c e a n d E n t e r p r i s e D r i v e s  1. It is a significant enteries the control of the co | A, Is this facility a publicly owned treatment works   | 1 1111111111111111111111111111111111111            | B. Does or will this facility                                    | (either existing or proposed)                                    | 1                             | ATTACHE     |
| C. It this a facility which currently results in discharges to westers of the U.S. other than those described in the content of the content o |  |  | aquatic animal producti  | on facility which results in a                                   |                               |             |
| A or B sbow? (FORM 2C)  E. Dos or will this facility treat, store, or dispose of hearendow waster? (FORM 3)  G. Do you or will you inject at this facility industriel or municipal effluent below the lowermost stratum containing, within one querter mile of the well bore, underground sources of drinking water? (FORM 4)  H. Do you or will you inject at this facility industriel or municipal effluent below the lowermost stratum containing, within one querter mile of the well bore, underground sources of drinking water? (FORM 4)  H. Do you or will you inject at this facility industriel or special processes such as mining of suffur by the Fresch process, calculation mining of minings, within one querter mile of the well bore, underground sources of drinking water? (FORM 4)  H. Do you or will you inject at this facility this for special processes such as mining of suffur by the Fresch process, calculation mining of minings, within one querter mile of the well bore, underground sources of drinking water? (FORM 4)  H. Do you or will you inject at this facility industriel or special processes such as mining of suffur by the Fresch process, calculation mining of minings, within one querter mile of the well bore, underground sources of drinking water? (FORM 4)  H. Do you or will you inject at this facility industriel or special processes such as mining of suffur by the Fresch process, calculation and the processes such as mining of suffur by the Fresch process, calculation and the processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such as mining of suffur by the Fresch processes such  |  |  |  |  |                               | 21          |
| E. Does of will this facility treat, store, of dispose of hazardous waterate (FORM 3)  G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids or storage of liquid hydrocarbons? (FORM 4)  H. Do you or will you inject at this facility any produced water or other fluids used for antural gas production, inject fluids or storage of liquid hydrocarbons? (FORM 4)  H. Do you or will niplet at this facility fluids for special processes such as mining of surface, in attuction of local fluids, in a struction of local fluids, in a struction of local fluids, in a struction and which will potentially emit 100 tons per year of any air nollutant requisated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  SKIP S. O. 1. i. d. S. t. a. t. e. S. C. i. e. n. t. i. f. i. c. T. n. c.  A. NAME B. TIYLE (last, first, & title)  A. STREET OR P.O. BOX  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  B. O. n. t. g. o. m. e. r. y. v. i. 1. l. e. p. r. i. s. e. p. r. i. s. p. r. i. s. s. p. c. s. s. p. r. i. s. s. c. s.   |  |  |  |  |                               | 27          |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production inject fluids used for enhanced recovery on hydrocarbons? (FORM 4)  I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  I. Is this facility a proposed stationary source which is not received in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  I. Is this facility a proposed stationary source which is not received to the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  I. I  |  |  |  |  |                               |             |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)  1. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  1. Skilp S. O. 1. i. d. S. F. a. F. e. S. C. i. e. n. f. i. f. i. c. T. n. c.  2. A. S. h. t. o. n. N. AME & TITLE (last, first, & title)  3. Skilp S. O. 1. i. d. S. F. a. F. e. S. C. i. e. n. f. i. f. i. c. T. n. c.  4. M. O. n. t. g. o. m. e. r. y. v. i. 1. 1. e. T. n. d. u. s. r. a. s.  | nazardous wastes? (FORM 3)   |  |  |  | 31 3                          | 2 33        |
| duction, inject fluids used for enhanced recovery of oil or natural gas you high control of loss of the control of loss of loss of the co |  |  |  |  |                               |             |
| hydrocarbons? (FORM 4)  hydrocarbons? (FORM 4)  hydrocarbons? (FORM 4)  1. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  1. Skip S. O. I. i. d. S. S. a. t. e. S. C. i. e. n. t. i. f. i. c. J. n. c.  2. A. S. h. t. o. n., R. o. b. e. r. t. P. I. t. P. r. j. c. t. C. r. d. n. t. r. 2. 1. 5. 8. 5. 5. 8. 4. 0. 0.  2. A. S. h. t. o. n., R. o. b. e. r. t. P. I. t. P. r. j. c. t. C. r. d. n. t. r. 2. 1. 5. 8. 5. 5. 8. 4. 0. 0.  3. M. o. n. t. g. o. m. e. r. y. v. i. 1. l. e. I. n. d. u. s. t. r. i. a. 1. v. v. s. v.  |  |  | process, solution mining   | of minerals, in situ combus-                                     |                               |             |
| one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  SKIP S o l i d S t a t e S c i e n t i f i c I n c I |  | L  | (FORM 4)   |  | 37 3                          | 39          |
| per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  NAME OF FACILITY  SKIP SOLI I. D. S. L. A. L. E. S. C. I. E. N. L. I. F. I. C. T. N. C.  A. NAME & TITLE (last, first, & title)  A. STREET OR P.O. BOX  B. PHONE (area code & no.)  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  M. O. N. L. g. O. m. e. r. y. v. i. l. l. e. g. p. l. s. y. s | one of the 28 industrial categories listed in the in-  | .  | NOT one of the 28 inc  | ustrial categories listed in the                                 |                               |             |
| **************************************   | per year of any air pollutant regulated under the  |  | per year of any air pollu  | tant regulated under the Clean                                   |                               | Î           |
| SKIP S. o.l.i.d. S.t.a.t.e. S.c.i.e.n.t.i.f.i.c. T.n.c.  INC. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  A. STREET OR P.O. BOX  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. D. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. D. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. D. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. D. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR |  |  |  | or be located in an attainment                                   | 42 44                         | 45          |
| IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  B. PHONE (area code & no.)  A. STREET OR P.O. BOX  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. COMMERT OF P.O. BOX  B. COUNTY NAME  B. COUNTY NAME  Montgomery County  B. COUNTY NAME  Montgomery County  C. STATE D. ZIP CODE  D. TIVES  B. COUNTY NAME  B. COUNTY NAME   |  |  |  |  | 1                             |             |
| A. NAME & TITLE (last, first, & title)  2 A s h t o n, R o b e r t P l t P r j c t. C r d n t r 2 1 5 8 5 5 8 4 0 0  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  M o n t g o m e r y v i l l e  M o n t g o m e r y v i l l e  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  M o n t g o m e r y C o u n t y  | 1 SKIP S. o. l. i. d S. t. a. t. e S. c. i   | .e.n.t.i.f.i                                       | c. T.n.c.  |  | 69                            |             |
| A shton, Robert Plt Prjct. Crdntr 215 855 8400  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  B. CITY OR TOWN C. STATE D. ZIP CODE  Montgomery ville Industrial Ctr  B. CITY OR TOWN C. STATE D. ZIP CODE  Pal 18936  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  S. COMMERT CE and Enterprise Drives  B. COUNTY NAME  Montgomery County  County  B. COUNTY NAME   |  | ford & Alakah                                      |  | BUONE (sweet and & no.)  |                               |             |
| V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  B. CITY OR TOWN  C. STATE D. ZIP CODE  Pal 18936  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  B. COUNTY NAME  B. COUNTY NAME  Montgomery County   | e / 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | <del>, , , , , , , , , , , , , , , , , , , </del>  |  |  | 1                             |             |
| A. STREET OR P.O. BOX    Commery ville Industrial Ctr   Commery ville   Commer | 15 16  |  | · · · · · · · · · · · · · · · · · · ·                            |  |                               |             |
| Montgomery ville Industrial Ctr  B. CITY OR TOWN C. STATE D. ZIP CODE  4 Montgomery ville Pall 8 9 3 6  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE Pall 8 9 3 6  B. COUNTY NAME  B. COUNTY NAME  Montgomery County  C. STATE D. ZIP CODE Pall 8 9 3 6  Drives  B. COUNTY NAME  |  | вох  |  |  |                               |             |
| B. CITY OR TOWN  C. STATE D. ZIP CODE  A Montgomery ville  Pall 8 9 3 6  II 42 47  TO MERCHANICALITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  COmmerce and Enterprise Drives  B. COUNTY NAME  B. COUNTY NAME   | el I I I I I I I I I I I I I I I I I I I   | <del>, , , , , , , , , , , , , , , , , , , </del>  | ial Ctr  |  |                               |             |
| Montgomeryville  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C C Ommerce and Enterprise Drives  B. COUNTY NAME  Montgomery County  | 15 16  |  | 45   |  |                               |             |
| VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. Commerce and Enterprise Drives  18 16  B. COUNTY NAME  Montgomery County  | c  | 11111  |  | <del>⊺  </del>   |                               |             |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. T.   | 19 16  | <u> </u>   |  | 1  |                               |             |
| 5 Commerce and Enterprise Drives B. COUNTY NAME Montgomery County  |  | SPECIFIC IDENTIFI                                  | FD   |  |                               |             |
| B. COUNTY NAME  Montgomery County  | <u>e</u> , , , , , , , , , , , , , , , , , , ,   |  | <del></del>  |  |                               |             |
| Montgomery County  | 19 16  | Thirse   |  |  |                               |             |
| <del></del>  |  | <del> </del>                                       |  |  |                               |             |
| 70 1   | Montgomery County  |  | 70   |  |                               |             |
| C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)   |  | · · · · · · · · · · · · · · · · · · ·              | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>                 |  |                               |             |
| 6 Montgomeryville Pa 18936   | tion and the second sec |  |  |  |                               |             |

| CONTINUED FROM THE FRONT  |                                       |   |   |  |
|---|---------------------------------------|---|---|--|
| A. FIRST  |                                       |   |   |  |
| (specify)<br>7 3,6,7,4 Semiconductor Manuf  | acturing                              | (specify)   |   |  |
| 19 14 - 19 C. THIRD   |                                       | 15 114 - 19                                       | D. FOURTH   |  |
| (specify)   |                                       | (specify)   |   |  |
| 18 16 - 19  |                                       | 15 16 - 19  |   |  |
| VIII. OPERATOR INFORMATION  | A. NAME                               |   |   | B. Is the name listed in                   |
|   | 11111                                 |   | <del></del>   | Item VIII-A also the owner?                |
| 8 Leonard P. Keds   | 0 n                                   |   |   | YES NO                                     |
| 18 C. STATUS OF OPERATOR (Enter the appr  | opriate letter into the answer        | box; if "Other", specify.)                        | D. PHONE  | (area code & no.)                          |
| F = FEDERAL M = PUBLIC (other than ) S = STATE O = OTHER (specify) P = PRIVATE                | federal or state) P (sp               | ecify)  | A 2 1 5   | 8 5 5 8 4 0 0                              |
| E. STREET OF  | ₹ P.O. BOX                            |   |   |  |
| Montgomeryville.  | Industri                              | a.lC.t.r  |   |  |
| F. CITY OR TOW  | N                                     | G.STATE H. ZIP                                    |   |  |
| B Montgomery ville  | · · · · · · · · · · · · · · · · · · · | Pa  189   |   | ed on Indian lands?                        |
| 19 10   | <u> </u>                              | 40 41 42 47 -                                     | 52  |  |
| X. EXISTING ENVIRONMENTAL PERMITS   |                                       |   |   |  |
| A. NPDES (Discharges to Surface Water)  | D. PSD (Air Emissions                 | from Proposed Sources;                            |   |  |
| 9 N P A 0 0 5 0 1 3 0   | 9 P                                   |   |   |  |
| B. UIC (Underground Injection of Fluids)  | E. OTHER                              | (specify)   |   |  |
| 9 0   | 9                                     |   | (specify)   |  |
| 15 16 17 16 - 36  C. RCRA (Hazardous Wastes)  | 15 16 17 18<br>E. OTHER               | · specify)  | <u> </u>  |  |
| 9 R P.A.D.O.O.2.2.7.8.3.3.1.  | 9                                     | <del>                                      </del> | (specify)   |  |
| 15 16 17 18 - 30  | 1 15 16 17 18                         | 30  | 5   |  |
| XI. MAP  Attach to this application a topographic may   | n of the area extending to            | at least one mile hevon                           | nd property boundaries                                | The man must show                          |
| the outline of the facility, the location of e  | ach of its existing and pr            | oposed intake and disc                            | harge structures, each of                             | its hazardous waste                        |
| treatment, storage, or disposal facilities, and water bodies in the map area. See instruction |                                       |   | include all springs, river                            | rs and other surface                       |
| XII. NATURE OF BUSINESS (provide a brief descri   | ption)                                |   |   |  |
|   |                                       |   |   |  |
| Semiconductor man   | ufacturing, CMOS                      | technology produ                                  | uction.   |  |
|   |                                       |   |   |  |
|   |                                       |   |   |  |
|   |                                       |   |   |  |
|   |                                       |   |   |  |
|   |                                       |   |   |  |
|   |                                       |   |   |  |
|   |                                       |   |   |  |
| XIII. CERTIFICATION (see instructions)  |                                       |   |   |  |
| I certify under penalty of law that I have pe   | ersonally examined and a              | n familier with the info                          | rmation submitted in th                               | is application and all                     |
| attachments and that, based on my inquir application, I believe that the information is       | 's true, accurate and com             | diately responsible for plete. If am aware that   | coptaining the informati<br>there are significant per | on contained in the palties for submitting |
| A. NAME & OFFICIAL TITLE (type or print)  | f fine and imprisonment.  B. SIGNATU  | 165   | 12  | DATE SIGNED                                |
| Leonard P. Kedson, President  | ,                                     | Toce  |   |  |
|   | ``                                    | 1-010   |   |  |
| COMMENTS FOR OFFICIAL USE ONLY  |                                       |   |   |  |
| c   |                                       |   |   |  |

FORM RCRA

# HAZAHDOUS WASTE PERMIT APPLICATION Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

| _ |    |     |     |     |   |    |    |   | _     | -      |           |   |   |     |
|---|----|-----|-----|-----|---|----|----|---|-------|--------|-----------|---|---|-----|
|   | I, | EP. | A I | .D. | N | JM | ΒE | R | Anna. | 130 JA | CONTRACT. |   |   |     |
|   | F  | Ω.  | A   | D   | 0 | 0  | 2  | 2 | 7     | 3      | 3         | 3 | 1 | T.A |

|      | RA                |   | NAME OF TAXABLE PARTY. |                  | Ormano                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                | -                  | -              | -             | -             | 777           |  | -             | -              |             | A STATE OF THE PERSON NAMED IN COLUMN  | -   |   |                          |                          |  |                  |               | -             | e syerie       | A JASK   | i de |
|------|-------------------|---|------------------------|------------------|--------------------------------|---|----------------|--------------------|----------------|---------------|---------------|---------------|--|---------------|----------------|-------------|--|---|---|--------------------------|--------------------------|--|------------------|---------------|---------------|----------------|----------|------|
|      | ROFFIC            | ECU.                                      |                        |                  | COMMENTS                       |   |                |                    |                |               |               |               |  |               |                |             |  | ile   |   |                          |                          |  |                  |               |               |                |          |      |
|      | PROVED            | (yr., mo., & day)                         |                        |                  |                                |   |                |                    |                | -             |               |               |  |               |                |             |  |   |   |                          |                          |  |                  |               | ÚI.           | - 14           |          | -    |
|      | 23                | 23  |                        |                  |                                |   |                |                    |                |               |               | they was      |  | -             | سوريز بوي      |             | ggyacing go sprowers alsymphos was regulated by a tomble of  | e-me-re-  |   | and development          | in ario market           | *****  |                  |               | · ey·w        |                |          |      |
|      |                   | R REVISED APPLI                           |                        |                  |                                |   |                | A MED              |                |               |               | ECT INT       | mi transmite<br>Majorini indi<br>Majorini indi | A MANAGEMENT  |                | out plan    | A production of the production | er and  | an an air an<br>Aire an air an            |                          | A CONTRACTOR IN ACCOUNT. | egentálya egyi annandárálla<br>2 a jakonnak kundadanak<br>2 a jákonnak – a janos, Pass |                  |               |               |                |          |      |
| Piac | e an 'X' ii       | n the appropriate box                     | in A or                | r B be           | tow (ma                        | rk o                                    | one b          | ox                 | oni<br>kan     | y) t          | o in          | idica<br>faci | ate v  | whet<br>'s Ei | ther<br>PAI    | thi<br>D    | s is the first a<br>Number, or i   | if thi  | cation<br>is is a                         | r you<br>revise          | are su<br>ed apo         | ibmitt<br>nicatio  | ing fo<br>In, ec | er vo<br>Iter | vou:          | faall<br>r fac | intv     |      |
| EPA  | , I.D. Num        | ber in Item I above.                      |                        |                  |                                |   |                |                    |                |               |               |               |  |               |                |             | ,  |   |   |                          |                          |  |                  |               |               |                |          |      |
| Α. Ι | FIRST A           | PLICATION (place isting facility (S       | an "X<br>See inst      | " beid<br>ructio | ow and p                       | rou<br>efin                             | ide t          | he i               | app            | rop:<br>xisti | rict:<br>ingʻ | e da<br>' fac | te)<br>ility                                   | <i>.</i>      |                |             |  | $\overline{\mathbf{x}}$   | 2.NE                                      | WFA                      | CILIT                    | TY (Ca   | mple             | ete i         | tem           | belo           | ر . بد د |      |
|      | 77                | (   | Comple                 | te ite.          | m below                        | .)                                      |                |                    |                |               |               |               |  |               |                | ,           |  | 2.NEW FACILITY (Complete item below.)  FOR NEW FACILITE PROVIDE THE 0-TE PROVIDE THE 0-TE |   |                          |                          |  |                  |               |               |                |          |      |
| 8    | 8 0               | 0 7 0 5 (use                              | the box                | es to            | FACILIT<br>GAN OF<br>the left) | ₹ T F                                   | 4E S           | AT                 | E              | ON            | IST           | RUC           | TIC  | /yr.,         | , mo.          | M           | ENCED  | 8 2 0 4 2 0 EXPECTED TO SESIN   |   |                          |                          |  |                  |               |               |                |          |      |
| В. 1 | REVISED           | APPLICATION (P                            |                        |                  | below a                        | nd c                                    | comp           | olet               | e It           | em.           | Iab           | ove,          | )  |               |                |             |  |   | 2. FA                                     | CILI.                    | TY H                     | AS A !   | RCR              | A PE          | ERM           | ΙT             |          |      |
| 111  | 72                | SES – CODES AN                            |                        |                  | CAPA                           | CIT                                     | TIES           |                    | مهرون <b>.</b> | 1. C          |               |               | 7  |               |                |             |  | 72  | la esta esta esta esta esta esta esta est |                          | engale artic             | -1<br>-1   | Name .           | يسجعو         |               | N. N.          |          | 3    |
|      |                   | CODE - Enter the co                       |                        |                  |                                |   |                |                    | be             | low           | tha           | t be          | st di  | escr          | ibes           | eac         |  |   |   |                          |                          |  |                  | s are         | e pro         | vid            | a fo     |      |
|      | enterina co       | des. If more lines are                    | needed                 | i, ente          | r the co                       | de/s                                    | ı) in          | the                | SDE            | ace t         | prov          | video         | d. I   | fac           | PLOCE          | 255         | will be used t   | that i  | s not                                     | inclu                    | ded i                    | n the li   | st of            | coc           | ies b         | elov           | v, the   | en   |
|      |                   | process (including its                    |                        |                  |                                |   |                |                    |                |               |               |               |  |               |                |             |  |   |   |                          |                          |  |                  |               |               |                |          |      |
| 1    | 1 AMOU            | DESIGN CAPACITY -<br>NT — Enter the amour | it.                    |                  |                                |   |                |                    |                |               |               |               |  |               |                |             |  |   |   | -1. 1                    | -1-                      |  |                  |               | L -           | _:-            | - 6      |      |
| 3    | 2. UNIT C         | F MEASURE - For a used. Only the units    | each and<br>of mea     | nount<br>asure   | entered<br>that are            | in c<br>liste                           | colur<br>ed be | nn<br>iov          | B(1<br>v sh    | ), er<br>ould | nter<br>d be  | the<br>use    | coc<br>d.                                      | de fr         | om 1           | the         | list of unit m   | neasu   | ire co                                    | ides b                   | elow                     | that de  | escrit           | es t          | ne u          | nit            | 01       |      |
|      |                   |   | PRO-                   | AP               | PROPR                          | IAT                                     | ΈU             | NIT                | s c            | )F            |               |               |  |               |                |             |  |   |   | PRO-                     |                          | PPRO   |                  |               |               |                |          |      |
|      | P                 |   | CESS<br>CODE           | ME               | ASURE<br>DESIG                 |   |                |                    |                |               | _             | _             |  |               |                | PR          | OCESS  |   |   | CESS                     |                          | MEASU<br>DES   | IGN              |               |               |                |          |      |
| -    | orage:            |   |                        |                  |                                |   |                |                    |                |               |               | -             |  |               | nt:            | _           |  |   |   |                          |                          |  |                  |               |               |                |          |      |
| T/   | ANK               | R (barrel, drum, etc.)                    | 501<br>502             | GAL              | LONS                           | )R                                      | LITE           |                    |                |               |               |               | TAN  |               | <u>.</u> د ،   |             | OUNDMENT   | -   |   | T01                      | ٣١.                      | LLON<br>TERS   | PER              | DΑ            | Y             |                |          |      |
| i    | ASTE PILI         | E<br>MPOUNDMENT                           | 503<br>504             | CUE              | IIC YAR<br>IIC MET<br>LONS (   | ER                                      | S              | : P 5              |                |               |               |               |  |               | RAT            |             |  | •   |   | T03                      | F1.                      | TERS   | PER              | DA            | Y             |                |          |      |
|      | isposai:          | W-COUDMENT                                | 304                    | ٠                |                                | •                                       |                | ••••               |                |               |               |               |  |               |                |             |  |   |   |                          | M E                      | LLO  | TON              | IS P          | ER<br>10U     | HOU            |          |      |
| IN   | JECTION           | WELL                                      | D79<br>D80             |                  | LONS                           |   |                |                    |                | hat           |               | ,             | отн  | ER            | (Use           | e fo        | or physical, ci  | hemi  | cal,                                      | T04                      |                          | TERS   |                  |               |               | OR             | :        |      |
| "    | MADRILL           |   | 500                    | wou              | ld cover<br>h of one           | one                                     | acr            | e to               | a              |               |               | :             | then<br>proc                                   | mai<br>esse   | or b           | iole<br>t o | ogical treatme<br>ccurring in ta   | ent<br>inks.  |   |                          |                          | TERS   |                  |               |               |                |          |      |
|      | AND APPL          |   | D81                    | ACF              | TARE-                          | HE                                      | CTA            |                    |                |               |               |               | ators  | s. D          | escr           | ibe         | dments or inc  | s in  |   |                          |                          |  |                  |               |               |                |          |      |
| 1    | CEAN DIS          | POSAL<br>MPOUNDMENT                       | D82                    | LIT              | LONS PER<br>ERS PER<br>LONS (  | 3 D                                     | ΑY             | -                  |                |               |               | t             | ine s  | pac           | e pro          | JOIL        | ded; Item III  | -0.)  |   |                          |                          |  |                  |               |               |                |          |      |
| ]    | JAFAGE II         | OCIADMENI                                 | UNIT                   |                  |                                |   |                |                    | -              |               |               |               |  |               |                | UN          | IIT OF   |   |   |                          |                          | •  |                  |               |               | UN             | нт с     | )F   |
| 11   | NIT OF M          | EASURE                                    | MEAS                   | URE              |                                | [ ]]                                    | NIT            | OF                 | MF             | ASI           | URI           | E             |  |               |                | ۸E.         | ASURE  |   | UNIT                                      | OF N                     | MEAS                     | URE  |                  |               |               |                | ASU!     |      |
|      |                   |   |                        |                  | •                              | LI                                      | TER            | S P                | ER             | DA            | ۱Y.           |               |  |               |                |             | V  |   | ACR                                       | E-FEE                    | ст                       |  |                  |               |               |                | . А      | _    |
| C    | UBIC YAR          | os  |                        |                  |                                | M                                       | ETR            | ic.                | TO             | NS I          | PER           | HC            | UR   |               |                |             | . w  |   | ACR                                       | ES                       |                          | ER   |                  |               |               |                | . F      |      |
| G    | ALLONS P          | ERS                                       | <i>.</i> .             | Ü                |                                | L                                       | TER            | 5 P                | ER             | HC            | UR            | ₹             |  |               |                |             | . H  |   |   |                          |                          |  |                  |               |               |                | . Q      |      |
|      |                   | R COMPLETING ITE 400 gailons. The faci    |                        |                  |                                |   |                |                    |                |               |               |               |  |               |                |             |  | rage  | tank                                      | s, one                   | tank                     | can ho   | old 20           | 00 g          | allo          | ns ar          | na th    | e    |
| S    |                   |   | ,                      | T/A              |                                | <u> </u>                                | 7              | $\overline{\zeta}$ |                | \             | 7             | 7             | 7  | \             | 7              | 7           | 7 7 7  |   |   | 7                        | 7                        |  | $\overline{}$    | 7             | abla          | 7              |          |      |
| C    |                   | DUP                                       | 13                     | 1.4 1.           | 1 \                            | 7                                       |                | _                  | \              | 7             |               | $\overline{}$ | $\setminus$                                    | 7             | $\overline{}$  | _           | III  | 7   | 7   | $\overline{\mathcal{I}}$ | 7                        | $\overline{1}$   | $ \_  $          | _             |               |                | /        | /    |
| Œ    | A. PRO-           | B. PROCESS                                | DESI                   | GN C             | APAC                           | TY                                      |                |                    |                | <b>F</b> 0    |               |               | œ  |               | PRO            |             | B. PRO   | OCE   | SS I                                      | DESIG                    | GN C                     | APAC   | :ITY             | _             |               |                | FOF      | ,    |
| 18E  | CESS              | 1. AM                                     |                        |                  |                                |   | UNI            |                    | OF             | FIC           | CIA           | ۱L,           | BE   |               | ESS            |             |  | . ,   | AMO                                       | UNT                      |                          |  | 01               | UN            | EA-           | OF             | FIC      | 1 A  |
| LINE | (from list above) | (spec                                     |                        |                  |                                | 1 6                                     | ente           | -                  | (              | SU<br>INC     |               |               | LINE<br>NUM                                    |               | om li<br>lave) |             |  | 1. 7  | - M -                                     | 0111                     |                          |  | 1 (              | ent           | er            |                | NL       |      |
| 12   | 16 - 18           | 19  |                        |                  | 27                             | _                                       | ode,           | <u>'</u>           | 25             |               | ,             | 13            | <u> </u>                                       | 18            | - 1            | 8           | 19   |   |   |                          |                          | 2  | 7                | 28            | $\rightarrow$ | 29             |          | _    |
| X-1  | 502               | 600                                       | )                      |                  |                                |   | G              | -                  |                |               |               |               | 5  |               |                |             |  |   |   |                          |                          |  |                  |               |               |                |          |      |
| va   | T 0 2             | 20  |                        |                  |                                |   | _              |                    |                |               |               | 1             | 6  |               |                |             |  |   |   |                          |                          |  |                  |               |               |                |          | 1    |
| A-2  | T 0 3             | 20  | ·                      |                  |                                | L                                       | E              | _                  |                | _             | 1             | _             | 0  |               | _              | _           |  |   |   |                          |                          |  | -                | -             |               | _              | +        | -    |
| 1    | S 0 1             | 5500                                      | )                      |                  |                                |   | G              |                    |                |               |               |               | 7  |               |                |             |  |   |   |                          |                          |  |                  |               |               |                |          | 1    |
| 7    | 500               | 155                                       | <u> </u>               |                  |                                |   | G              | +                  |                | -             | -             | +             | 0  |               |                | +           |  |   |   |                          |                          |  |                  | -             |               |                | -        | -    |
| 2    | 5 0 2             | 1550                                      |                        |                  |                                | -                                       | G              |                    |                |               | -             | +             | 8  |               |                | 4           |  |   |   |                          |                          |  | -                | -             |               |                | -        | -    |
| 3    | 101               | <del>85</del> ,00                         |                        |                  |                                | -                                       | U              |                    |                |               |               |               | 9  |               |                |             |  |   |   |                          |                          |  | _                |               |               |                |          |      |
| 4    |                   | december To                               | 4, 1                   | ·                | : '*                           |   |                |                    |                |               |               |               | 10   |               |                |             |  |   |   |                          |                          |  |                  |               |               |                |          |      |
| ٠,   | 16 - 18           | 19  |                        |                  | 27                             | 1                                       | 28             | 1                  | 25             |               | _             | 32            |  | 16            |                | 101         | 19   |   |   |                          |                          |  | 27               | 28            |               | 29             | -        | _    |

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| _ | In PROCESSES ( partinued)  |
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|   | II. PROCESSES! (minute)  |
|   | INCESSE SESION CAPACITY.   |
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|   | V. DESCRIPTION OF HAZARDOUS WASTES   |
| À | EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Suppart D for each listed nazardous waste you will handle, if you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes. |
| В | ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant. |
| С | . UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate  |

CODE METRIC UNIT OF MEASURE ENGLISH UNIT OF MEASURE 

CODE KILOGRAMS.......K 

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 bounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| 1           | A. EPA<br>HAZARD. B. ESTIMATED ANNUAL |     | 1                 | C. UNIT |                             | _ D. PROCESSES              |     |   |   |   |   |  |     |    |   |   |  |
|-------------|---------------------------------------|-----|-------------------|---------|-----------------------------|-----------------------------|-----|---|---|---|---|--|-----|----|---|---|--|
| LINE<br>NO. | HAZA<br>WAST<br>(enter                | ENO | QUANTITY OF WASTE |         | MEA<br>URE<br>Inter<br>ode) | 1. PROCESS CODES<br>(enter) |     |   |   |   |   |  |     | ES |   |   | 2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$ ) |
| X-1         | K O                                   | 5 4 | 900               |         | P                           | 7                           | 10  | 3 | D | 3 | 0 |  | 1-1 |    |   | 1 |  |
| X-2         | D O                                   | 0 2 | 400               |         | P.                          | I                           | . 0 | 3 | D | 8 | 0 |  | 1   |    | T |   |  |
| X-3         | D   0                                 | 0 1 | 100               |         | P                           | I                           | 0   | 3 | D | 8 | 0 |  | 1 1 |    | 1 | 1 |  |
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Continued from page 2. MOTE: Photocopy this page before completing if ; , have more than 26 wastes to list. Form Approved OMB No. 153-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) W WPAD0022783 DUP 3 1 DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE HAZARD. WASTENO. SURE 1. PROCESS CODES z. PROCESS DESCRIPTION (if a code is not entered in  $\mathcal{D}(1)^{t}$ , entercode, coder J 0 0 2 S 0 1 S 0 2 4.5 , F. delete. كهاه أفريز الماهمة 14 TAY 133 T 0 1 . -4:2---S 0 1 S 0 2 U 1 5 4 4.55 S 0 1 U 1 8 8 .93 T U 0 7 2 Included above 5 U 2 2 9 Τ S 0 1 4.10 6 2 3 9 7.96 T 5 0 1 5 0 2 5 0 1 5 0 2 U 2 2 6 Τ 8 2.0 S 0 1 S 0 2 D 0 0 1 T N.O.S. 9 66.6 5 0 1 5 0 2 T D|0|0|2 66.0 40.6 N.O.S. 10 S 0 1 S 0 2 Э 0 0 0 Included above 11 12 13 14 16 17 18 19 20 21 22

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| IV. DESCRIPTION OF HAZARDOUS WAST. (co  | ontinued) CESS CODES FROM ITEM D(1) ON PAGE 3.   | Company of the Compan |
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| V. FACILITY DRAWING   | A Company of the Comp |  |
| All existing facilities must include in the scace provided an VI. PHOTOGRAPHS   | page 5 a scale grawing of the facility isee instructions i   |  |
| All existing facilities must include photographs (aeri  |  |  |
|   |  |  |
| L   | rage, treatment or disposal areas (see instruction.  |  |
| VII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & seconds  |  |  |
| VII. FACILITY GEOGRAPHIC LOCATION   |  | s for more detail).  |
| VII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & seconds  4 00 1 3 4 5 "  |  | s for more detail).  (degrees, minutes, & seconds)   |
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| VII. FACILITY GEOGRAPHIC LOCATION  LATITUDE (degrees, minutes, & seconds  4 0 1 3 4 5 11  VIII. FACILITY OWNER  A. If the facility owner is also the facility operator as Is skip to Section IX below.  B. If the facility owner is not the facility operator as Is 1. NAME OF FACILITY  Solid State Scientific Inc.  3. STREET OR P.O. BOX  F Commerce Drive  IX. OWNER CERTIFICATION  I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment.   | listed in Section VIII on Form 1, "General Information isted in Section VIII on Form 1, complete the following LITY'S LEGAL OWNER  4. CITY OR TOWN  G Montgomeryville  4. Lity | (degrees, minutes, & seconds)  (degrees, minutes, & seconds)  (1)  |
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| 3 SEPA  |   | DOUS WASTE PERMII  Consolidated Permits Proformation is required under Section                            | gram  | F P                    | A D C        | 0 2 2 7 8                                    | 3 3 1   |
|---|---|---|---|------------------------|--------------|--|---|
| FOR OFFICIAL USE ONLY   |   |   |   |                        |              |  |   |
| APPLICATION DATE RECEIVED   |   |   | COMMENTS  |                        |              |  | 1841 y  |
| APPROVED (yr., mo., & day)  |   |   |   |                        |              |  |   |
| 23 24 - 29  |   |   |   |                        |              |  |   |
| II. FIRST OR REVISED APPLI  |   |   |   |                        |              |  |   |
| Place an "X" in the appropriate box<br>revised application. If this is your fit<br>EPA I.D. Number in Item I above.   | rst applicatio  | n and you already know your fa  | cility's EPA I.D. Number, or if   | olication<br>this is a | revised      | e submitting for y application, enter        | our facility or a<br>your facility's                |
| A. FIRST APPLICATION (place   |   |   |   |                        |              | LITY (Complete                               | item below i  |
| $\frac{(X')1. EXISTING FACILITY (S)}{71}$   | see instructio<br>Complete itei   | ns for definition of "existing" for<br>m below.)  | acility.  | X 2.NE                 | WFAC         |  | W FACILITIES  |
| OPE   | EXISTING E<br>RATION BEC<br>the boxes to  | FACILITIES, PROVIDE THE DEGAN OR THE DATE CONSTRUME $teft)$   | ATE (yr., mo., & day)<br>JCTION COMMENCED   | 8 2                    | 0 4          | OAY (yr., mo.                                | DE THE DATE ., & day) OPERA EGAN OR IS TED TO BEGIN |
| B. REVISED APPLICATION (P   | lace an "X"   | below and complete Item I abov  |   |                        |              |  |   |
| 1. FACILITY HAS INTERI  | M STATUS  |   |   | 2. F#                  | CILITY       | HAS A RCRAP                                  | ERMIT   |
| III. PROCESSES – CODES AN   | D DESIGN  | CAPACITIES .  |   |                        |              |  |   |
| A. PROCESS CODE — Enter the concentering codes. If more lines are describe the process (including its process).  PROCESS DESIGN CAPACITY  1. AMOUNT — Enter the amount 2. UNIT OF MEASURE — For emeasure used. Only the units | needed, ente<br>s design capa<br>- For each c<br>nt.<br>each amount<br>of measure t | r the code(s) in the space provid<br>city) in the space provided on th<br>ode entered in column A enter t | led. If a process will be used that the form (Item III-C). The capacity of the process. The code from the list of unit means. | at is not              | include      | ed in the list of co                         | des below, then                                     |
|   | CESS ME   | ASURE FOR PROCESS   |   |                        | CESS         | MEASURE FOR                                  | R PROCESS   |
| PROCESS   | CODE  | DESIGN CAPACITY   | PROCESS   |                        | CODE         | DESIGN CA                                    | PACITY  |
| Storage:  |   |   | Treatment:  |                        |              |  |   |
| CONTAINER (barrel, drum, etc.) TANK   | 502 GAL   | LONS OR LITERS<br>LONS OR LITERS  | TANK  |                        | T01          | GALLONS PER<br>LITERS PER DA                 | Υ   |
| WASTE PILE  |   | IC YARDS OR<br>IC METERS  | SURFACE IMPOUNDMENT   |                        | T02          | GALLONS PER<br>LITERS PER DA                 |   |
| SURFACE IMPOUNDMENT  Disposal:  | 504 GAL   | LONS OR LITERS  | INCINERATOR   |                        | т03          | TONS PER HOU<br>METRIC TONS !<br>GALLONS PER | PER HOUR;<br>HOUR OR                                |
| INJECTION WELL LANDFILE   | D80 ACR<br>wouldept   | LONS OR LITERS E-FEET (the volume that Id cover one acre to a h of one foot) OR TARE-METER                | OTHER (Use for physical, che thermal or biological treatmen processes not occurring in tank surface impoundments or incir     | t<br>rs,               | T04          | GALLONS PER HO<br>LITERS PER DA              | DAYOR   |
| LAND APPLICATION OCEAN DISPOSAL   | D81 ACR   | ES OR HECTARES<br>LONS PER DAY OR<br>ERS PER DAY  | ators. Describe the processes i<br>the space provided; Item III-C   | n                      |              |  |   |
| SURFACE IMPOUNDMENT   |   | LONS OR LITERS  |   |                        |              |  |   |
|   | UNIT OF   |   | UNIT OF   |                        |              |  | UNIT OF   |
| LINUT OF MEASURE  | MEASURE<br>CODE   | UNIT OF MEASURE   | MEASURE<br>CODE   | LINIE                  | OE ME        | EASURE                                       | MEASURE<br>CODE                                     |
| GALLONS   |   | LITERS PER DAY  |   |                        |              | LAJONE                                       |   |
| CUBIC YARDS   | L<br>Y<br>C   | TONS PER HOUR METRIC TONS PER H GALLONS PER HOUR LITERS PER HOUR .  |   | HEC'                   | TARE-M<br>Es | ETER   | F   |
| EXAMPLE FOR COMPLETING ITS other can hold 400 gallons. The fac  |   |   |   | ge tank                | s, one ta    | ink can hold 200 g                           | gailons and the                                     |
| s DUP   | T/A C   |   |   | /                      |              |  |   |
| T B BESSES  | 13114 11  | ASSISTE A   | 1 1 2 2 2 2 2 2   | <del>,</del>           |              | L CARACITY                                   | <del>, , , , , , , , , , , , , , , , , , , </del>   |

| - [  | 2  |                  |                           | DUP    | 13 14 15        |   |    |                                |    |     |                      |    |         |      | _ |            |   |        |    |                                |    |   |    |
|------|--|------------------|---------------------------|--------|-----------------|---|----|--------------------------------|----|-----|----------------------|----|---------|------|---|------------|---|--------|----|--------------------------------|----|---|----|
| Γ    | œ  | A. PF            |                           | B. PRO | CESS DESIGN CAP | ACI   | ΤΥ |                                |    |     |                      | 0  | Α.      | PRO  |   | B. PROCESS | DESIGN  | CAPACI | ΤY |                                |    |   |    |
|      | CESS<br>CODE<br>CODE<br>Cirom list<br>above) |                  | BS DE 1. AMOUNT (specify) |        |                 | 2. UNIT<br>OF MEA-<br>SURE<br>(enter<br>code) |    | FOR<br>OFFICIAL<br>USE<br>ONLY |    | l L | (from list<br>above) |    |         |      |   |            | 2. UNIT<br>OF MEA-<br>SURE<br>(enter<br>code) |        |    | FOR<br>OFFICIAL<br>USE<br>ONLY |    |   |    |
|      | 1  | 1                | 18                        | 19     |                 | 27  | 1  | -                              | 25 | ΙÌ  | 32                   | 7  | 16      | - 18 | + | 19         | -   | 27     | 1  | 28                             | 29 | Ť | 32 |
| 2    | (-1  | $S \mid 0$       | 2                         |        | 600             |   | (  | 7                              | ļ. |     |                      | 5  | $\perp$ |      | 1 |            |   |        |    | $\perp$                        | _  |   | 1  |
| .  > | (-)  | $T \mid 0$       | 3                         |        | 20              |   |    | 5                              |    |     |                      | 6  |         |      |   |            |   |        |    |                                |    |   |    |
|      | 1  | SIC              | 1                         |        | 5500            |   |    | 3                              |    |     |                      | 7  |         |      |   |            |   |        |    |                                |    |   |    |
|      | 2  | 5 0              | 2                         |        | 1550            |   | (  | 3                              |    |     |                      | 8  |         |      |   |            |   |        |    |                                |    |   |    |
|      | 3  | T <sub>i</sub> ( | 1                         | {      | 85,000          |   |    | J                              |    |     |                      | 9  |         |      |   |            |   |        |    |                                |    |   |    |
| T    | 4  | 16 -             | 18                        | 10     |                 | 27  |    | 2.8                            | 29 |     | 32                   | 10 |         |      | 8 | 19         |   | 27     | -  | 28                             | 29 |   | 3. |

| TTT  | <b>PROCESSES</b> | (continued) |
|------|------------------|-------------|
| 111. | rkucesses        | (continuea) |

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

#### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE     | METRIC UNIT OF MEASURE | COD |
|-------------------------|----------|------------------------|-----|
| POUNDS                  | P        | KILOGRAMS              | K   |
| TONS                    | <b>T</b> | METRIC TONS            | M   |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

EPA Form 3510-3 (6-90)

- For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
- For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process co-contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
- Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- 2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line,
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| A. EPA      |                                    |                                       | C. UNIT                            | D. PROCESSES                |   |  |  |  |  |  |  |
|-------------|------------------------------------|---------------------------------------|------------------------------------|-----------------------------|---|--|--|--|--|--|--|
| LINE<br>NO. | HAZARD.<br>WASTENO<br>(enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | OF MEA-<br>SURE<br>(enter<br>code) | 1. PROCESS CODES<br>(enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |  |  |  |  |  |  |
| X-1         | K 0 5 4                            | 900                                   | P                                  | T 0 3 D 8 0                 |   |  |  |  |  |  |  |
| X-2         | $D \mid 0 \mid 0 \mid 2$           | 400                                   | P                                  | T 0 3 D 8 0                 |   |  |  |  |  |  |  |
| X-3         | $D \mid 0 \mid 0 \mid 1$           | 100                                   | P                                  | T 0 3 D 8 0                 |   |  |  |  |  |  |  |
| X-4         | $D \mid 0 \mid 0 \mid 2$           |                                       |                                    |                             | included with above                                       |  |  |  |  |  |  |

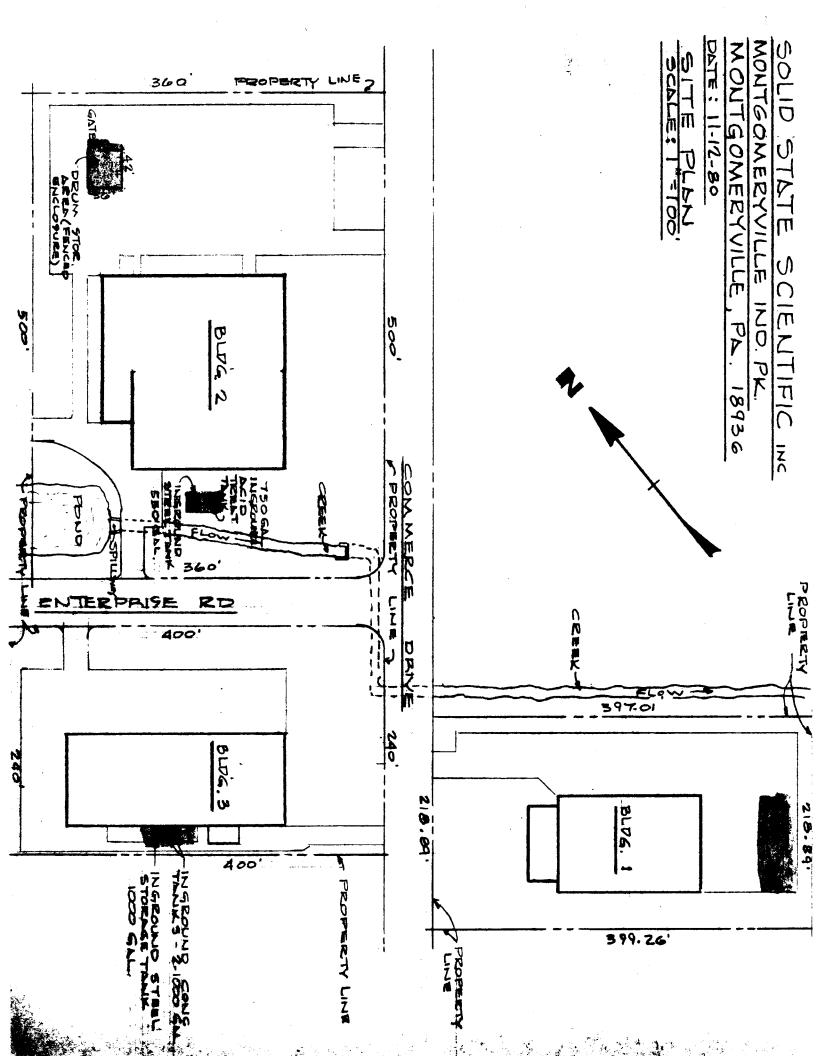
Continued from page 2. NOTE: Photocopy this page before completin ou have more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) WIP 2 2 7 8 3 3 1 D 0 0 W DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) D. PROCESSES C.UNIT OF MEA-SURE (enter HAZARD. B. ESTIMATED ANNUAL QUANTITY OF WASTE NON NON 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 1. PROCESS CODES (enter) (enter code) code) 29 27 - 29 27 - 29 27 36 1 5 0 2 U 0 0 2 Τ 0 4.5 T 0 1 U 1 3 4 4.2 Τ S 0 1 S 0 2 U 1 5 4 4.55 .93 S 0 1 U 1 8 8 Τ U: 0: 7 2 5 Included above U 2 2 9 4.10 S 0 1 6 U 2 3 9 7.96 S 0 1 S 0 2 S 0 1 S 0 2 U 2 2 6 2.0 Τ 8 **6**6.6 S 0 1 S 0 2 N.O.S. 9 D 0 0 1 5.0 50 60 5 S 0 1 S 0 2 Τ D 0 0 2 N.O.S. 10 D 0 0 0 S 0 1 S 0 2 Included above 11 12 13 14 15 16 17 18 19 20 21 23 24 25

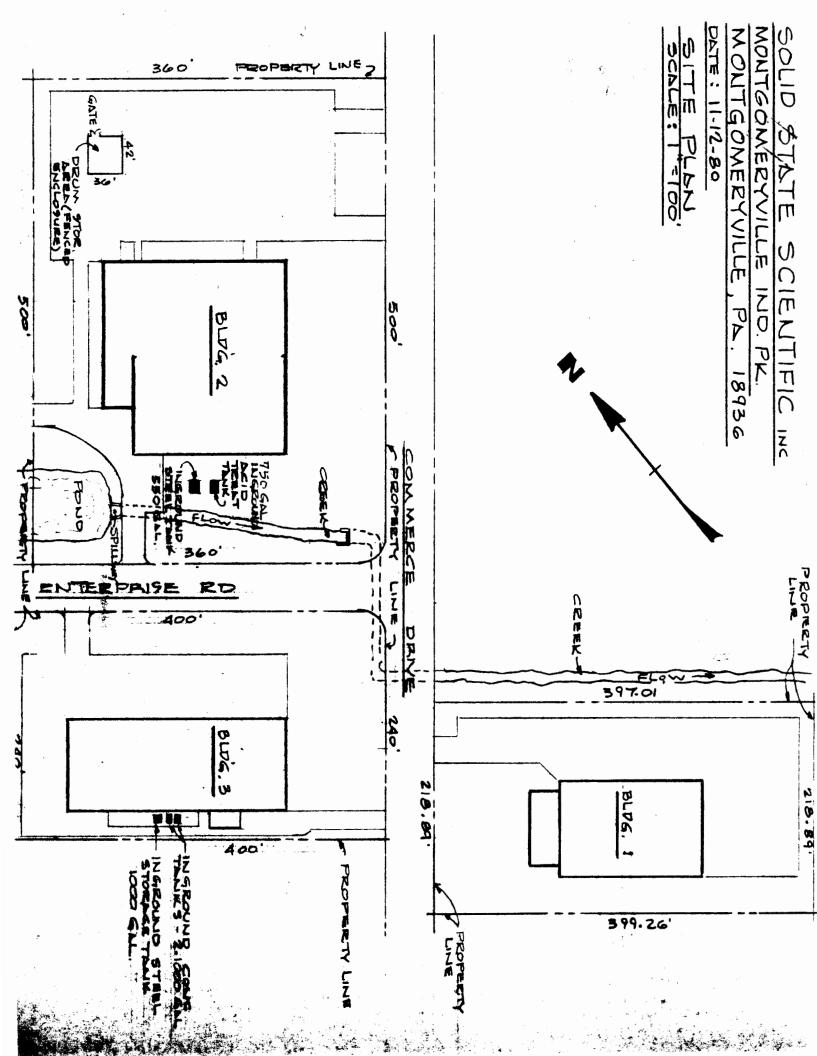
26

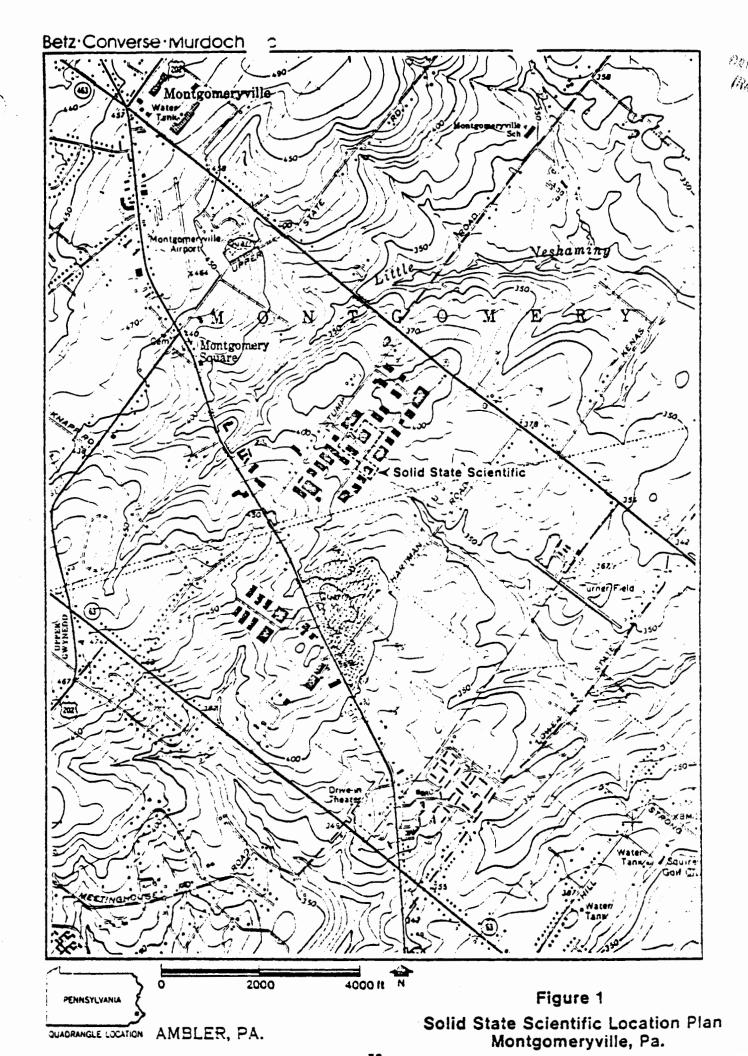
| Continued from page 4.           |        | Form Approved OMB No. | 158-\$80004  |
|----------------------------------|--------|-----------------------|--|
| V. FACILITY DRAWING (see page 4) |        |                       |  |
|                                  |        |                       | Selection of the select |
|                                  |        |                       | 147  |
|                                  |        |                       |  |
| . (A++                           | ached) |                       |  |
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|                                  |        |                       |  |
|                                  |        |                       |  |

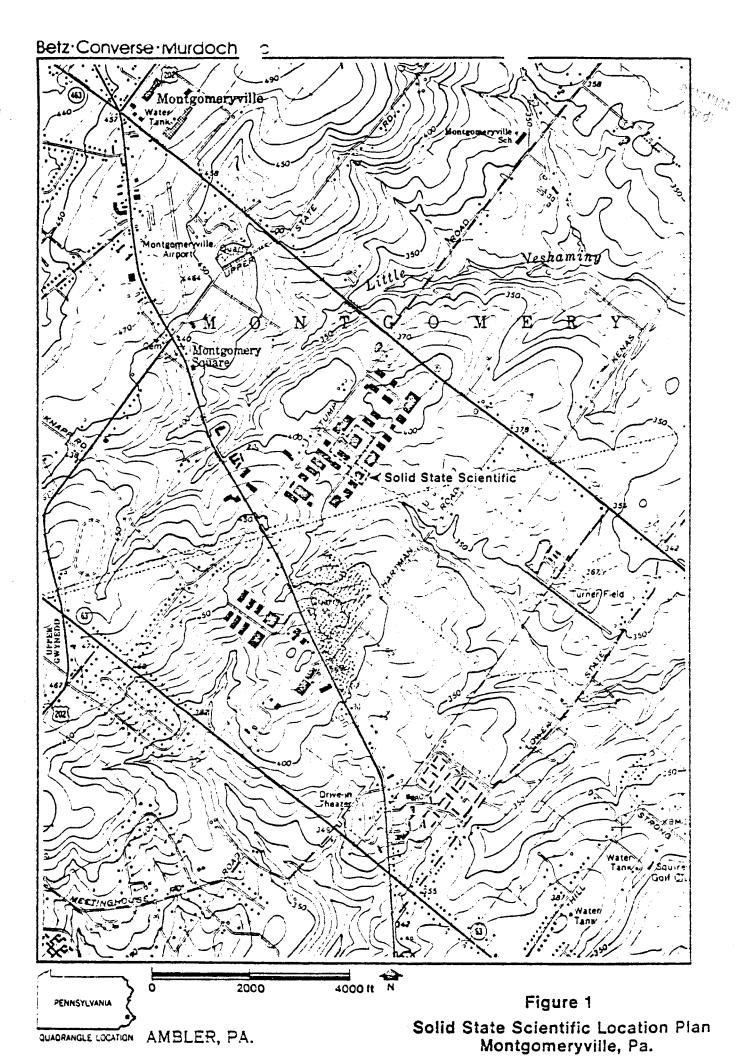
| IV DESCRIPTION OF H  | AZADDOUS WAS                                      | TES (continued from t                            | ranti Vie                    |  |  |  |  |  |
|--|---|--|------------------------------|--|--|--|--|--|
| IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)  A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit nu |   |  |                              |  |  |  |  |  |
| waste from non-specific sources your installation handles. Use additional sheets if nec  |   |  |                              |  |  |  |  |  |
| 1  | 2   | 3  | 4                            |  |  |  |  |  |
| F 0 0 1  | F 0 0 2   | F 0 0 5  |                              |  |  |  |  |  |
| 23 - 26  | 23 - 26   | 23 - 26  | 10                           |  |  |  |  |  |
|  | <del>                                      </del> | Hit  | HT                           |  |  |  |  |  |
| 23 . 26  | 23 - 26   | 23 - 26  | 23                           |  |  |  |  |  |
| B. HAZARDOUS WASTES F  |   |  |                              |  |  |  |  |  |
| specific industrial sources  |   |  |                              |  |  |  |  |  |
| 13   | <del>  ''</del>                                   | 15   | 16                           |  |  |  |  |  |
| 23 - 26  | 23 - 26   | 23 - 26  | 23                           |  |  |  |  |  |
| 19   | 20  | 21   | 22                           |  |  |  |  |  |
|  |   |  |                              |  |  |  |  |  |
| 23 - 26  | 23 - 26   | 23 - 26  | 23                           |  |  |  |  |  |
| 25   | 26  | 27   | 28                           |  |  |  |  |  |
| 23 - 26  | 23 - 26   | 23 - 25  | 23                           |  |  |  |  |  |
| C. COMMERCIAL CHEMICA  | L PRODUCT HAZAF                                   | RDOUS WASTES. Enter                              | the four-digit               |  |  |  |  |  |
| stance your installation ha  | ndles which may be a                              | hazardous waste. Use add                         | litional sheets              |  |  |  |  |  |
| 31   | 32  | 33   | 34                           |  |  |  |  |  |
| P 0 1 0  | 0002  |  |                              |  |  |  |  |  |
| 37   | 36  | 39   | 40                           |  |  |  |  |  |
| U140   | U 1 5 4   | U 1 8 8  | U 2 2                        |  |  |  |  |  |
| 23 - 26  | 23 - 26   | 23 - 26  | 23 -                         |  |  |  |  |  |
| 43   | 44  | 45   | 46                           |  |  |  |  |  |
| U[2 3 9  |   |  |                              |  |  |  |  |  |
| D. LISTED INFECTIOUS WA  | ASTES. Enter the four                             | r-digit number from 40 C                         | FR Part 261.3                |  |  |  |  |  |
| hospitals, medical and rese  |   |  |                              |  |  |  |  |  |
| 49   | 50  | 51   | 52                           |  |  |  |  |  |
|  |   |  |                              |  |  |  |  |  |
| E. CHARACTERISTICS OF  | NON-LISTED HAZA                                   | RDOUS WASTES. Mark                               | "X" in the boxes c           |  |  |  |  |  |
| hazardous wastes your inst   | allation handles. (See                            | 40 CFR Parts 261.21 - 2                          | 61.24.)                      |  |  |  |  |  |
| (DOO1)   |   | X]2. CORROSIVE<br>302}                           | <b>∑</b> 3. R<br>(D00°       |  |  |  |  |  |
| X. CERTIFICATION   | on the second of the figure                       |  | gradient set                 |  |  |  |  |  |
| I certify under penalty  | of law that I have                                | personally examined of                           | ind am famil                 |  |  |  |  |  |
| attached documents, and I believe that the submit  | d that based on my<br>tted information is         | inquiry of those indi-<br>true, accurate, and co | viduals imme<br>mplete. I am |  |  |  |  |  |
| mitting false information  | , including the poss                              | ibility of fine and imp                          | risonment.                   |  |  |  |  |  |
| SIGNATURE  |   | NAME & OFF                                       | CIAL TITLE (                 |  |  |  |  |  |
| Tura 2 1   |   | PAL  | SIDEN                        |  |  |  |  |  |

EPA Form 8700-12 (6-80) REVERSE

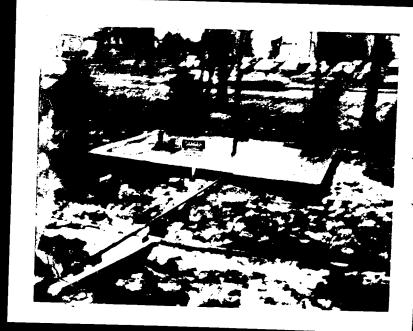














Bidg. # 3 - Acid Neutralization

11/18/50

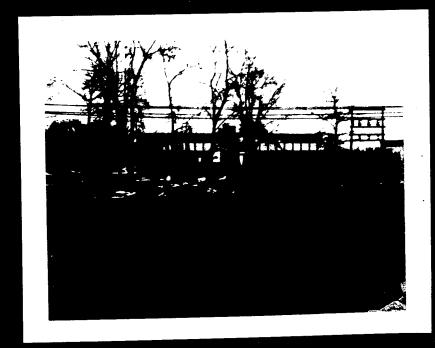
Bldg. #2. Solvent Storage.
Brinker 550 gallon Skid
Tank.

11/15/90

Bldg. #1 - Empty and cleaned drum storage area in rear.







Bldg. #3 - Concrete Aerobic tanks to the left; 1000 gal. underground storage to the right.

BHg. #3 - As Seen from Commerce Dr. 11/18/50

Bldg. #1 - Administrative;
as seen from Commerce
Dr.
11/18/80





Bldg. & 2 - As seen from Enterprise Rd.

Bidy. #2 - 55 gal. dram

Storage area.

11/18/80

Bldg. # 2 - As seen from
Commerce Dr.
11/18/80



REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD002278331

Solid State Scientific, Inc. Mr. Robert Ashton Montgomeryville Industrial Center Montgomeryville, Pa. 18936

> Re: Acknowledgment of Application f a Hazardous Waste Permit

December 31, 1980

This is to acknowledge that the Environmental Protection received: (1) A notification pursuant to Section 3010 Conservation and Recovery Act for the facility located at shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility cwners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.





## SOLID STATE SCIENTIFIC INC.

MONTGOMERYVILLE, PENNA. 18936 215-855-8400 TWX 510-661-7267

January 21, 1981

Ms. Shirley Bulkin Environmental Protection Agency Region III P. O. Box 1480 Philadelphia, PA 19107

Reference: PAD002278331

Dear Shirley:

In keeping with the E.P.A. request that all generators, TSDF's and transporters update their notification bulletins when required, I would like to submit the following revisions, regarding our Montgomeryville Facility, Permit PAD002278331:

Item

VI & VII

+1000

IX

peletid 1070 1171 We wish to be permitted to transport wastes between our facilities for treatment and/or storage. It has been my understanding that notification to the E.P.A. is all that is currently required, provided that commerce is contained within the state of Pennsylvania and D.O.T. placarding, labeling and packing requirements are complied with. This information was given to me through a telephone converstaion with a representative of your Philadelphia office. If there are further requirements, please notify me immediately.

Section C - It is my contention that hazardous waste numbers u070, u071, u072 (1,2; 1,3; 1,4 Dichlorobenzene) are not constituents of a chemical used here that contains Orthodichlorobenzene. Therefore, we wish to cetegorize Orthodichlorobenzene under Section X, Non-listed Hazardous Wastes, as a toxic substance. Please remove these numbers from Section C, Commercial Chemical Product Wastes.

Please note that you will be receiving an identical letter regarding changes in our notification for our Willow Grove Facility. Please refer those changes to their corresponding identification number.

Ms. Shirley Bulkin Environmental Protection Agency January 21, 1981 Page 2

Please call me at (215) 855-8400, ext. 423 if any questions arise. Enclosed you will find a copy of the revised notification for your file.

Sincerely,

Robert J. Ashton

Plant Project Coordinator

RJA:jmd

Enclosure

cc: Craig Phillips Ronald DePue



# SOLID STATE SCIENTIFIC INC.

MONTGOMERYVILLE, PENNA. 18938 215-855-8400 TWX 510-661-7267 AMMENDED PART A.

January 23, 1981

Ms. Shirley Bulkin Environmental Protection Agency Region III P. O. Box 1480 Philadelphia, PA 19107

Reference: I.D. #PAD002278331

Dear Shirley:

Please make the following changes regarding our Form (3) Treatment, Storage and Disposal, Part "A", Application, PAD002278331:

| <u>Page</u> | Section | Line Numbers | <u> Hazard Waste Codes</u> |
|-------------|---------|--------------|----------------------------|
| 3           | 1 V     | 9 & 10       | D001, D002, D000           |

Please change under Item B, Estimated Annual Quantity of Waste from:

Line 9 - 6.6 to 66.6 Line 10- 6.0 to (60.6

This was a typographical error on my part and I have included a copy of these corrections with this letter. My apologies for any inconvenience this may have caused you. Please contact me if there are any further questions regarding these corrections.

Sincerely,

Robert J. Ashton ma Plant Project Coordinator

RJA: imd

cc: C. Phillips R. DePue

Enclosures



#### REGION III

6TH AND WALNUT STREETS
PHILADELPHIA PENNSYLVANIA 19106

JUL 2 7 1981

Mr. L. P. Kedson Solid State Scientific, Inc. Montgomeryville Industrial Ctr. Montgomeryville, PA 18936

Dear Mr. Kedson:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Chief, Administrative Support Section

Permit Enforcement Branch

Enclosure

4

# - INTERIM STATUS

Date Prepared: July

July 27, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Solid State Scientific, Inc.

Location: Commerce & Enterprise Drives Montgomeryville, PA 18936

EPA I.D. No.: PAD 00 227 8331

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name:

Mr. L. P. Kedson, President

Operator's Name: Mr. R. J. Ashton

III. During the period of interim status, the facility may use <u>only</u> the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

| PROCESS |             |   | DESIGN CAPACITY |
|---------|-------------|---|-----------------|
| S01     |             | • | 5500 Gals.      |
| S02     |             |   | 1550 Gals.      |
| T01 ·   | <del></del> |   | 85,000 Gals/Day |
|         |             |   |                 |
|         |             |   |                 |

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

| <b>U</b> 002 | U134 | U154  | U188 | U072 |
|--------------|------|-------|------|------|
| <del></del>  | -    | • • • |      | -    |
| U229         | U239 | U226  | D001 | D002 |
|              |      |       |      | -    |

PRIGINAL (Red)



#### REGION III

# 6TH AND WALNUT STREETS PHILADELPHIA, PENNSYLVANIA 19106

JUL 2 7 1981

Mr. R. J. Ashton Solid State Scientific, Inc. Montgomeryville Industrial Ctr. Montgomeryville, PA 18936

Dear Mr. Ashton:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Chief, Administrative Support Section

Permit Enforcement Branch

Enclosure

•

# ONDITIONS OF OPERATION DURING INTERIM STATUS

Date Prepared: July 27, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Solid State Scientific, Inc.

Location: Commerce & Enterprise Drives Montgomeryville, PA 18936

EPA I.D. No.: PAD 00 227 8331

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name:

Mr. L. P. Kedson, President

Operator's Name: Mr. R. J. Ashton

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

| PROCESS |   | DESIGN CAPACITY          |
|---------|---|--------------------------|
| S01     |   | 5500 Gals.<br>1550 Gals. |
| T01     | • | 85,000 Gals/Day          |
| -       |   |                          |

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

| 0229 | 0233 | . • |      |        |   |
|------|------|-----|------|--------|---|
| U229 | U239 |     | U226 | D001 - | D002                                    |
|      |      | •   |      | • •    | • |
| ₹002 | U134 |     | U154 | U188   | U072                                    |



# SOLID STATE SCIENTIFIC INC.

MONTGOMERYVILLE, PENNA. 18936 . 215-855-8400 TWX 510-661-7267

January 14, 1982

Ms. Shirley Bulkin Director of Hazardous Waste Permits E.P.A. Region III 6th and Walnut Street Philadelphia, PA 19107

Dear Shirley:

As you requested during our telephone conversation on December 10, 1981, the following revisions have been made on the Generators' Notification Forms and the Part A, Treatment Storage and Disposal Permit applications for both out Montgomeryville (PAD002278331) and Willow Grove (PAD000965800) Facilities:

- "D000-TOXIC" has been excluded, and the arsenic material previously listed under this heading will now be implemented under "D001-IGNITABLE" as you requested.
- 2) Notification that both facilities existed prior to the October 30, 1980 amendment and presently have been privileged interim status.
- (3) Our treated waste material has been excluded, being that it is monitored by the NPDES Permit program by your indication.
  - 4) Our Air Quality Permit Numbers are now included in Form 1, Part 10A.
  - Names and telephone numbers have been updated to current status.

Please call me if you require further information or have any questions regarding our permit applications.

Sincerely,

ROBERT ASHTON

Plt. Proj. Coordinator

Mit 37100 1100

RA/cd

Enc.

MONTGOMERY

6 MONTGOMERYVILLE

B. COUNTY NAME

C. CITY OR TOWN

189

| CONTINUED FROM THE FRONT   |  |   |  |                             |
|--|--|---|--|-----------------------------|
|  |  | · ·   | B. SECOND  |                             |
| 3, 6, 7, 4 Semiconductor Manu  | ıfacturing   | (specify)   |  |                             |
|  |  |   | B POURTH   |                             |
| (specify)  | W.   | (specify)   |  |                             |
| VIII. OPERATOR INFORMATION   |  | 18-92- (X-8-3   |  |                             |
|  |  |   |  |                             |
| SOLID STATE SC   | IENTIFIC, I  | N C.  |  | X YES DING                  |
|  |  | and the second  |  |                             |
| A STATUS OF OPERATION (SIGHT STATES)  BET PERFORM WE VISITE THE STATES OF STREET STATES OF STATE | P (speci   | (TV)  | 2 1 5 8  | rea code & no.) 5 5 8 4 0 0 |
| P PRIVATE  |  |   | 10 18 - 10 16  |                             |
| MONTGOMERYVILL   | E INDUSTRI.  | AL CTR  |  |                             |
| MONIGOMERIVIEL   |  |   |  |                             |
|  |  |   | ENE Soffing Council                                  | on Indian lands?            |
| MONTGOMERYVIL  | LE   | PA 1893   | G . □ AE2  | XI NO                       |
| IN IN INC. EXISTING ENVIRONMENTAL PERMETS  |  |   |  |                             |
| A. NPDES (Discharges to Burgles, Wage)   |  |   | ***  |                             |
| PA0050130  | N/A  |   |  |                             |
| B. UIC (Underground Injection and Injection  | is the second second   |   |  |                             |
| 9 0 3  | 9 4 6 - 3 9  | 9 - 0 4 8 (spe  | eafy) PA State DE<br>eaning device                   | R Air                       |
| C. RCRA (Hasardous Wadis)  |  |   | earming device                                       | permit appr.                |
| 9 R  | N/A  | (spe  | cify)  |                             |
| XI. MAS  | THE RELEASE OF THE PARTY OF THE |   |  |                             |
| Aftech to this application a topy displie by   |  |   | operty bounderies. Th                                | e map ment shows            |
| the outline of the facility, the localities of treetment, storage, or disposal facilities, a   |  |   | structures, each of its<br>pdc all springs, rivers : | i hezardoù e westa 🥞        |
| water bodies in the map area. See instruction  |  |   |  |                             |
| XII. NATURE OF BUSINESS (provide a prior des   | A de la companya della companya della companya de la companya della companya dell |   |  |                             |
| De la diamant TOT and Mark   | T. Gamilian Jambara Da   |   |  |                             |
| Production of LSI and VL   | si semiconductor be  | vices.  |  |                             |
|  |  |   |  |                             |
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|  |  |   |  |                             |
|  |  |   |  |                             |
|  |  |   |  |                             |
|  |  |   |  |                             |
| XIII. CERTIFICATION (see instructions)   |  |   |  |                             |
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| false information, including the possibility  A. NAME & OFFICIAL TITLE (type or print)   | of fine and imprisonments.   |   | * (  | ATE SIGNED                  |
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| <ol> <li>AMOUNT — Enter the amount</li> <li>UNIT OF MEASURE — For</li> </ol>   | int.<br>each amount entered  | in column B  | (1), enter ti  | e code fr  |  | list of unit, n   | Charles of any dealers with a second                 | elow that describes th  | unit of                       |
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C. SPACE FOR ADDITIONAL PROCESS CODES On FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hezardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are

| ENGLISH UNIT OF MEASURE CODE | METRIC UNIT OF MEASURE CODE |
|------------------------------|-----------------------------|
| POUNDS,                      | KILOGRAMS                   |
| TONS                         | METRIC TONS                 |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process corrections in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that poss that characteristic or toxic contaminent.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual
  quantity of the waste and destribing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hezerdous Weste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be en estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

|             |       | A. |    |    |    |  |     | UN                                 |   |   |                          |     |   |        |   |   |  |   |  |   |    | D. PROCESSES   |
|-------------|-------|----|----|----|----|--|-----|------------------------------------|---|---|--------------------------|-----|---|--------|---|---|--|---|--|---|----|--|
|             | W/(e) | AS | 3T | ΕN | 10 | B. ESTIMATED ANNUAL<br>QUANTITY OF WASTE | 1 7 | OF MEA-<br>SURE<br>(enter<br>code) |   |   | 1. PROCESS CODES (enter) |     |   |        |   |   |  |   |  |   |    | 2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$ ) |
| X-1         | K     | 1  | 0  | 5  | 4  | 900                                      |     | P                                  |   | Т | ' (                      | ) : | 3 | D      | 8 | 0 |  | 1 |  | 1 | Т  |  |
| X-2         | D     | 0  | 0  | 0  | 2  | 400                                      |     | P                                  |   | T | T (                      | 0 3 | 3 | D<br>D | 8 | 0 |  | 1 |  | Т | 1  |  |
| <b>X-</b> 3 | D     | 0  | 9  | 0  | 1  | 100                                      |     | P                                  |   | T | ' (                      | ) 3 | 3 | D      | 8 | 0 |  | 1 |  | Т | Τ. |  |
| X-4         | D     | 0  | 0  | 0  | 2  |  |     |                                    | Γ |   | Т                        | 1   |   | 1      |   | ı |  |   |  | T | T  | included with above  |

|             |          |              |              |                |              | page be              |      |     |             |             | )<br> | ave      | · mc                    | 200  | G la    |        | N.  |          |        | o lis      | C SPAN   | and the     |          |             | TI)            | Form Approved OMB No. 158-S8000  |       |
|-------------|----------|--------------|--------------|----------------|--------------|----------------------|------|-----|-------------|-------------|-------|----------|-------------------------|------|---------|--------|-----|----------|--------|------------|----------|-------------|----------|-------------|----------------|--|-------|
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| LINE<br>NO. | HW (     | AS<br>RA     | ZA           | PA<br>RD<br>NC | N.           | B. EST<br>QUAN       | IM Å | A O | D AI<br>F W | NNU<br>/AST | AL    | 1 6      | UN<br>ME<br>BUR<br>ente | er   | -       | -      |     | 1.1      | PRO    | OCE<br>(en | SS (     | COE         | ES       |             |                | D. PROCESSES  2. PROCESS DESCRIPTION (If a code is not entered in D(1))  |       |
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| 4           | F        | 6            | c            | ) 3            | 1            |                      |      | 3   |             |             |       | T        | т                       |      | s       |        | 1   |          |        | 2          | -        | 1           | 1        | T           |                |  |       |
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| 8           | +        | $\dagger$    | $\dagger$    | +              | $\dagger$    |                      |      |     |             |             |       | -        | -                       |      |         | _      | Т   |          | Τ      | т          | -        |             | +        |             | -              |  |       |
| 9           | l        | +            | 1            |                | t            |                      |      |     |             |             |       | - 24     |                         | - 23 | -       | Γ      | Т   |          | T      | T          | h        | т-          | 1        | - г         | 1              |  |       |
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| 12          | ╀        | +            | +            | +              | +            |                      |      |     |             |             |       |          |                         |      | -       | ī      | 1   | ┝        | 1      | T .        | -        | -           | $\dashv$ | - 1         |                |  |       |
|             | $\vdash$ | +            | +            | +              | +            |                      |      |     |             |             |       | -        |                         |      | -       | ı      | T   | -        | _      | Τ          |          |             | $\dashv$ |             | <del>-</del> r |  |       |
| 13          | -        | +            | +            | +              | +            |                      |      |     |             |             |       | 13       |                         |      | _       | Г      | т-  |          | т      | T          | H        |             | $\perp$  | Т           | -              |  |       |
| 14          | $\vdash$ | +            | $\perp$      | +              | +            | <del></del>          |      |     |             |             |       | $\vdash$ |                         |      | _       | г      | 1   | -        | T-     | 1          |          | -           | -        |             |                |  |       |
| . 2         | L        | $\downarrow$ | 1            | $\perp$        | 1            |                      |      |     |             |             |       | -        | _                       | _    |         | ı-     | T-  | L        | T      | 1          | <u> </u> |             | -        | - 1         |                |  |       |
| 16          | -        | +            | $\downarrow$ | +              | $\downarrow$ |                      |      |     |             |             |       | L        |                         |      | L       | Г      | T   |          | 1      | 1          | ļ.,      | -           | _        |             |                |  |       |
| 17          | L        | $\perp$      | 1            | 1              | 1            |                      |      |     |             |             |       |          |                         |      | L       | ·      | -   |          | т      | _          | <u>_</u> | _           | 4        |             | _              |  |       |
| 18          | $\perp$  | $\perp$      | $\downarrow$ | _              | $\perp$      |                      |      |     |             |             |       |          |                         |      |         |        | _   | L        | Τ      | 1          |          |             | _        |             |                |  |       |
| 19          |          |              |              | $\perp$        | $\perp$      |                      |      |     |             |             |       |          |                         | Ŷ.   |         | ·<br>— | _   |          | ·<br>T |            |          |             |          |             | ·<br>          |  |       |
| 20          |          |              | $\perp$      |                |              |                      |      |     |             |             |       |          |                         |      |         |        | _   |          |        |            |          |             |          |             |                |  |       |
| 21          |          |              |              |                |              |                      |      |     |             |             |       |          |                         |      |         | _      |     |          | _      |            |          |             |          |             | T              |  |       |
| 22          |          |              |              |                |              |                      |      |     |             |             |       |          |                         |      |         | ı      | 7   |          | 1      | 1          |          |             |          | Т           | -1             |  |       |
| 23          |          |              |              |                |              |                      |      |     |             |             |       |          |                         |      |         | 1      | T   |          | Т      | 1          |          | 1           |          | Г.          |                |  |       |
| 24          |          |              |              |                | T            |                      |      |     | •           |             |       |          |                         |      |         | Г      | T   |          | T      | _          |          |             |          | Т           |                |  |       |
| 25          |          | +            |              |                |              |                      |      |     |             |             |       |          |                         |      |         | 1      | 1   |          | Т      | Т          |          | r           |          |             | -r             |  |       |
| 26          |          | -            | +            | +              | +            |                      |      |     |             |             |       |          |                         |      | -       | Т      | 1   | -        | 1      | Т          |          | Г           |          | Т           | -              |  |       |
|             | 1        |              | ÷            |                |              | <del>7</del><br>-80) |      | -   |             |             | 31    | 1        | 26                      | 1    | 27      | =      | 2.0 |          |        | 249        |          |             |          | 37          | - 12           | CONTINUE ON F  | REVER |

Form 3510-3 (6-80)

Corace, Mgr. of Plt. Services

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**CONTINUE ON PAGE 5** 



### REGION III

# 6TH AND WALNUT STREETS PHILADELPHIA. PENNSYLVANIA 19106

February 18, 1982

Mr. George Rutland Solid State Scientific, Inc. Montgomeryville Industrial Ctr. Montgomeryville, PA 18936

Re: EPA I.D. No. PAD 00 227 8331

Dear Mr. Rutland:

This is to acknowledge receipt of your letter dated <u>January 14, 1982</u> in which you request a change to "Conditions of Operations During Interim Status."

Enclosed is an amended form reflecting the change(s). If we can be of any further assistance, please do not hesitate to contact Ms. Joan Henry, a member of my staff, on 215-597-8751.

Sincerely yours,

Patrick Anderson

Chief, RCRA Fermit and Pesticides Section

Air and Waste Management Division

RECENT'S SELVIOR Department of Environmental Resources AUG 22 1984 U.S. EPA, REGION III 1815 the spice strain HOLE; & COM. 310-1050 PAZARDONB BABLE TSD Application A terrore of above. Tereforce anove.

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### IGNITABLE, REACTIVE OR INCOMPATIBLE WASTES

7. [1A][1B][1Ci](264)(g)(1), (264)(g)(2), (264)(g)(2,7,8,9) Description of precautions taken to prevent accidental ignition or reaction; special bandling procedures for storing, treating, disposing or mixing; specific process requirements for containers.

#### TAPIEG

- 8. [28](264)(f)(6) Content, frequency, technique used in introductory and continuing training for each employee.
- 9. [20][20][2E][2F](264)(E)(2) Training directors qualifications; relevance of training to job position; training for hazardous waste management: training for contingency plan implementation.
- 10. [294][2044][2044][20v][20v][20v][(264)(f)(3) Training for emergency response; procedures for inspecting, repairing, replacing facility monitoring and emergency equipment; key parameters for automatic cutoff systems; communications; alarm systems; response to fires, explosions, groundwater contamination incidents; shutdown of operations.

### CLOCKER

- 11. [14][17](264)(9)(3)(i) A description of partial including partial closure activities; description of final closure activities and how these will be conducted according to the regulations.
- 12. [10](264)(0)(2) A description of how closure minimizes the need for post closure maintenance and the release of wastes.
- 13. [1E](264)(0)(3)(iv) An estimate of the schedule for final closure, including expected year of closure, total time required for closure activities.
- 14. [1611](264)(r)(40) Specific closure procedures for tanks.

#### COMMITTERS

- 15. [2][2A][2C](264)(q)(10) Design and operation specifications for secondary containment system; demonstration of structural integrity of underlying base, shillty of base to contain leaks, spills and accumulated pracipitation; containment system capacity relative to number and volume of stored containers.
- 16. [20](264)(q)(12) Testing and ramagement procedures for accumulated liquids.
- 17. [3][3A][3B][3C](264)(q)(14) Pescription of container storage configuration secting minimum requirements for setback, height, width, misle space.



### CLOSURE PLAN

SSSI's Montgomeryville facility consists of three buildings. Building #1 was utilized for administrative offices. Building #2 contained manufacturing facilities, waste chemical storage areas and a waste treatment plant. Building #3 contained manufacturing facilities. Closure of this facility will be as follows:

### Building #2

Closure of the manufacturing facilities in Building #2 will consist of removal and disposal of all chemicals and contaminated piping. The expected maximum amount of chemicals in this area would be ten 55 gallon drums. The area will then be cleaned and any areas of chemical residue will be removed.

Closure of the waste treatment plant will include flushing the piping and tanks and removal and disposal of the rinse water.

Closure of the waste chemical storage areas include removal and disposal of the waste solvent tank and access piping. All waste chemicals in the storage areas will be removed and disposed. The expected maximum amount of waste chemicals will be 15 drums of acid waste, 30 empty waste chemical drums, five drums of solvent waste and 25 drums of miscellaneous chemical waste. After removing and disposing of the drummed chemical waste, the storage area will be cleaned and any areas of chemical residue removed.

### Building #3

Closure of the manufacturing area in Building #3 will consist of removal and disposal of all chemicals and contaminated process piping. The expected maximum amount of chemicals in this area would be ten 55 gallon drums. The manufacturing area will then be cleaned and any areas of chemical residue will be removed.

Closure of the Montgomeryville facility in this manner will eliminate the need for any post-closure monitoring since all chemicals will have been removed and the equipment decontaminated.